

INVISION FAMILY EYE CARE, LLC
1211 Hauck Drive
Rolla, MO 65401
Phone- 573-364-6300 Fax- 573-341-5058

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that InVision Family Eye Care, LLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- ☐ I have read or had explained to me prior to any services offered InVision Family Eye Care, LLC's Notice of Privacy Practice and agree to continue my care with InVision Family Eye Care, LLC under said terms.
- ☐ I was given to opportunity to read InVision Family Eye Care, LLC's Notice of Privacy Practices and declined but wish to continue my care with InVision Family Eye Care, LLC under the terms of InVision Family Eye Care, LLC's privacy policies.
- ☐ I have read or had explained to me prior to any services offered InVision Family Eye Care, LLC's Notice of Privacy Practice and *do not wish to continue my care* with InVision Family Eye Care, LLC under said terms.
- ☐ The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Name

Guardian Name (if applicable)

Patient/Guardian Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative

Relationship to Patient